



# *COMMONWEALTH of VIRGINIA*

## *Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

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**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*  
Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Tim M. Catherman  
Deputy Commissioner, Support Services

**DATE:** July 12, 2005

**SUBJECT:** American Society on Aging Seeks Entries for Media Awards

Here is a novel way to encourage your local paper to report on an aging issue.

Deadline: September 16, 2005

The ASA Media Awards are presented annually by the American Society on Aging (<http://www.asaging.org/>) journalists whose work has significantly increased general public awareness of aging issues at either the local, regional, or national level.

The awards will be presented to journalists for news coverage - whether a single piece, a series, or a body of work - published between September 1, 2004, and September 1, 2005. Submissions should focus on aging issues, rather than exemplify a range of work.

Awards will be presented in two categories: one for media intended for and distributed to a national audience; and one for media intended for and distributed to a local or regional audience.

Print, broadcast, and Web media journalists are eligible. Editors may nominate no more than two journalists per publication. For journalists with elder-specific publications or productions, the work is eligible if it has demonstrated general public impact.

The ASA Media Award will be presented at the 2006 Joint Conference of the National Council on the Aging (<http://www.ncoa.org/index.cfm?bType=ie4>) and the American Society on Aging, to be held in Anaheim, California, March 16-19, 2006. A conference session will highlight the work of the winning journalists.

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**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Tim M. Catherman  
Deputy Commissioner, Support Services

**DATE:** July 12, 2005

**SUBJECT:** Virginia Aging and AoA in the News

Below are Virginia Aging or AoA related articles that have occurred since last week's Tuesday E-mailing. These links do not require a paid service; however, some (like the Washington Post, etc.) ask a brief survey or registration. Please note some links are time sensitive and can change daily. Some articles may be editorial and/or political. Links are presented 'as is'.

If you are aware of additional articles, please e-mail me a link for inclusion next week.

**Virginia AAAs In the News**

[Senior dancercise program earns accolade for MEOC](#)

Kingsport Times-News, Kingsport/Johnson City, TN

Mountain Empire Older Citizens Inc. has been recognized as one of four Best Care Practice programs ...A mini-grant provided to MEOC last year by the Virginia Department of Health's Division of Chronic Disease Prevention and Control...

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*  
Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors

**FROM:** Carol Driskill  
Program Coordinator

**DATE:** July 12, 2005

**SUBJECT: TECHNICAL ASSISTANCE: CONTRIBUTIONS**

**Question:** How do other agencies come up with suggested contributions based on meals costs? Is there a norm? How often should we update the contribution scale?

**VDA Response:** It is up to each AAA to determine how often to update the contribution scale. You can use the sliding scale along with a suggested amount for each "income" range or just have one overall suggested contribution amount (for example, 50 cents).

**Response from Joseph (Joe) Carlin, MS, RD, FADA, Regional Nutritionist, and our liaison, from Administration on Aging (excerpts):** These are good questions and demonstrate that grantees want to not only do the right thing but also to conform with the Older Americans Act. The setting of recommended participant contributions is a sensitive issue and all parties should be involved, SUA, AAA, service provider, project council and participants.

There is no norm for coming up with a suggested contribution. It should be fair and the participant should view it as being fair. It can be based on a sliding-fee scale pegged to income but the program should not be asking the participant to declare their income. The older person can make up his/her own mind as to what they will contribute. There is no obligation for the older person, regardless of income, to make a contribution. The actual handing over of money should be anonymous and confidential.

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**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors

**FROM:** Carol Driskill  
Program Coordinator

**DATE:** July 12, 2005

**SUBJECT: TECHNICAL ASSISTANCE:**  
**Socialization/Recreation Centers, Covered Dish Meals &  
Congregate Site Eligibility**

**Question #1:** Can a socialization/recreation center be opened without the nutrition being provided by the AAA? Some older adults have expressed an interest in social gatherings for the programs, activities, etc., especially at the churches. They have suggested that they bring their own meal or they bring covered dishes. Could it be a soup and sandwich center? Note: This AAA cooks at all of their centers and the participants do not want re-heated frozen meals. Could it be a soup and sandwich center?

Can this be done? Are there centers like this where meals are not served?

**Response from Joseph (Joe) Carlin, MS, RD, FADA, Regional Nutritionist, and our liaison, from Administration on Aging:** Yes, socialization/recreation centers can be opened without a nutrition program. There are many senior centers and other places where seniors gather that do not have nutrition programs. But, and this is a big but, they cannot be established with OAA nutrition dollars. Those funds are for nutrition programs.

I am a little confused about the "bring their own meal" or "covered dish." Covered dish suppers have a long tradition in this country but participants cannot bring their own meal

or a covered dish to a Title III C meal program. Programming and safety concerns prohibit this. A covered dish meal would not be considered a Title III meal.

It is unlikely that soup and sandwich programs could meet the standards for a Title III C meal and therefore the answer is "not with Title III C dollars."

**Question #2:** There is a congregate site in the community room of a senior housing complex. People also live there under the age of 60 who are disabled. The congregate site is open two days a week and residents of the building (over 60 and disabled under 60) are able to receive an eligible lunch on the days when the site is open.

Recently the housing people have allowed two caregivers (under age 60) to move in with two clients (over age 60). In the past, this was not allowed and caregivers came and left. One caregiver is the daughter of a resident, the other caregiver is not related to the older adult.

Meals have been delivered to two residents who are unable to come down to receive their meal. Since they only receive meals twice a week when the site is open, they are considered congregate clients, even though they are homebound. If they were considered home delivered meal clients, they would receive meals five (5) days a week instead of only two (2) days a week when the site is open.

The two caregivers who now live in the housing complex are requesting that they also receive meals (they don't want to pay for the meals). The AAA thinks the two caregivers are not eligible to receive a meal with OAA funds and anticipates that the caregivers will disagree with the AAA.

**Response from Carol Driskill, VDA:** I agree that the two caregivers are not eligible to receive a meal with OAA funds. They are not over age 60 and are not disabled. Perhaps Title III E funds could be used to provide a meal to the daughter, but since she is under age 60, it could not be counted for NSIP.

**Response from Joseph (Joe) Carlin, MS, RD, FADA, Regional Nutritionist, and our liaison, from Administration on Aging:** I am in agreement with Carol and the AAA on this issue. As I understand the situation, meals cannot be provided unless they want to pay the full price of the meal. Except for those rare cases, eligibility is age 60 and over.

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*  
Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors

**FROM:** Carol Driskill  
Program Coordinator

**DATE:** July 12, 2005

**SUBJECT: TECHNICAL ASSISTANCE: SALT & CONGREGATE NUTRITION SITES**

**Question:** Dr. Eleanor Schlenker mentioned salt during the AAA Nutrition Directors Meeting and Training on May 6, 2005 in Charlottesville. Please clarify.

**Response:** Evidently VDA had a salt policy that was in place when Eleanor D. Schlenker, Ph.D., R.D, previously provided training at Woodrow Wilson Rehabilitation Center before I came to VDA.

The general policy in many states, per Dr. Schlenker, is that salt shakers not be on the table, both for sanitation and health reasons. She states, "Salt and pepper shakers can harbor bacteria and should be abolished; however, the idea of having some salt and pepper packets available at a common location could be a solution. There is likely a table at each site with other condiments or coffee where you could have some packets. I would be sure to have pepper packets as well as salt as some folks try to add more pepper to compensate for less salt if they are trying to limit their salt intake. If any AAA still has salt or pepper shakers they do need to get rid of them. On this same note, sites should be advised to use individual sugar and cream packets rather than a dish that people spoon from or a pitcher."

Some sites use disposable utensil packages that include napkin, salt, and pepper. This is acceptable.

Joseph (Joe) Carlin, MS, RD, FADA, Regional Nutritionist, and our liaison, from Administration on Aging also responded to my initial question. Per Joe, "AoA has no rules as to salt on the table. Personally, I think it is a mistake to remove salt shakers from the tables. Seniors, like adults they are, are quite capable of making decisions on the role of salt in their diet. Removing shakers is taking away 'choice' in their lives."

In some ways, Joe Carlin seems to contradict Dr. Schlenker. I think the point is that salt and pepper should be available to senior participants, but not in the form of salt and pepper shakers which may have been at the site since its inception.

Joe Carlin went on to say, "As you know, the new DRIs and Dietary Guidelines put strong restrictions on salt consumption. The role of salt in the meal program should be a focus of menu planning and nutrition education (health promotion)."



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Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors,  
Area Agencies on Aging

**FROM:** Bill Peterson,  
Deputy Commissioner for Programs  
Tim M. Catherman  
Deputy Commissioner, Support Services

**DATE:** July 12, 2005

**SUBJECT:** Revised UAI User's Manual Available

Attached you will find a letter from Secretary Woods announcing the posting of the revised Universal Assessment Instrument (UAI) Users Manual and the Private Pay UAI Manual. They have now been posted on the Virginia Department of Social Services' public and internal websites. Here is the link to the manuals on the public website: [http://www.dss.virginia.gov/family/as/uai\\_manual.cgi](http://www.dss.virginia.gov/family/as/uai_manual.cgi).

Attachment



## COMMONWEALTH of VIRGINIA

Office of the Governor

Jane H. Woods  
Secretary of Health and Human Resources

(804) 786-7765  
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July 1, 2005

Dear Interested Party:

I am pleased to announce the release of the revised Universal Assessment Instrument (UAI) Users Manual and the Private Pay UAI Users Manual.

The major addition to the UAI manuals is an expansion of Section IV of *Indicators for Referral to the Department of Mental Health, Mental Retardation and Substance Abuse Services* (Appendix K), which elaborates on the Psychosocial Assessment. The revised UAI manuals include additional appendices, as well as editorial updates to reflect recent changes in adult protective services and assisted living facility statutes.

The revised UAI manuals may be downloaded from the websites of the Virginia Department of Social Services (<http://www.dss.virginia.gov/>) and the Department of Medical Assistance Services (<http://www.dmas.virginia.gov/>). The manuals will also be distributed to local departments of social services and stakeholders on compact disks as requested. If you have any questions about the revised manuals or would like to receive the UAI manuals on a compact disk, please contact Gail Nardi at [gail.nardi@dss.virginia.gov](mailto:gail.nardi@dss.virginia.gov) or 804-726-7537.

The revised UAI manuals, like the instrument itself, are the product of an outstanding collaboration among state agencies, providers, advocates and stakeholders. All who assisted and advised on this important project have my sincere thanks.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Jane Woods", written over a circular stamp or seal.

Jane H. Woods

JHW/sm

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*  
Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors

**FROM:** Carol Cooper Driskill  
Program Coordinator

**DATE:** July 12, 2005

**SUBJECT: TECHNICAL ASSISTANCE:  
WAITING LISTS, SPOUSES, ELIGIBILITY & HOME DELIVERED  
NUTRITION SERVICES**

There has been much discussion regarding waiting lists and who is eligible for a home delivered meal. Please remember that under the VDA Home Delivered Service Standard, *the homebound individual must be unable to prepare meals and have no one available to prepare meals.*

A recipient's spouse, regardless of age or disability, is eligible under the Older Americans Act to receive a home delivered meal. However, if that spouse is available and able to prepare meals and provide adequate nutrition, then according to the VDA Home Delivered Nutrition Service Standard, the client would not meet the eligibility criteria for home delivered meals. Of course each situation is different and client-specific. An option might be to provide home delivered meals with Title III-E Caregiver Support funds if the client and spouse are both over age 60.

**Review of Home Delivered Nutrition Service Standard:**

Definition: The meal must be delivered and received at the home of the eligible individual who is homebound.

Homebound: Someone unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. The recipient may be able to go to medical

appointments, but probably needs escort assistance. A client without access to adequate nutrition and for whom transportation to a congregate site is unfeasible may be considered homebound.

#### Eligible Population:

Home Delivered Nutrition Services are targeted to persons 60 years of age or older and homebound. Priority shall be given to older individuals with greatest economic and social need, with preference to low-income minority individuals and to those older persons residing in rural or geographically isolated areas.

Eligibility criteria includes:

- The individual must be homebound as defined above
- The individual must be unable to prepare meals and have no one available to prepare meals.
- The individual must be able to remain safely at home, with home delivered nutrition as a support service.

Other individuals eligible to receive home delivered nutrition services, include:

- The recipient's spouse, regardless of age or disability
- At the discretion of the AAA, an individual with disabilities, regardless of age, who resides at home with the recipient over age 60 who receives a home delivered meal.

The AAA shall establish procedures for offering a meal on the same basis as meals are provided to participating older individuals, to other eligible individuals listed above.

There is no prohibition against providing services to persons under age 60 with funds from other sources.

#### **Waiting Lists & Discontinuing Eligible Home Delivered Meal Recipients**

There are options to review and/or implement when faced with a waiting list. The following issue describes the multiple actions taken by a particular AAA.

**Issue/Question:** Due to budget, an AAA is in the process of cutting existing clients from the home delivered meals program. They determined how many clients they can serve. There have been no terminations; they are being forced to terminate an initial 4 clients.

Actions already implemented:

1. AAA changed from 5 hot meals to one hot and 4 frozen meals delivered once a week.
2. Reviewed the point system used for eligibility purposes.
3. Include nutrition screening results.
4. Care coordination and nutrition work together to review homebound eligibility criteria.
5. Utilize a care coordination eligibility committee that includes representation and input from nutrition.
6. Review observations made by drivers who deliver meals.
7. Reassess clients more frequently than every 12 months.
8. Follow up on short-term clients, for example meals delivered following hospitalization

They have 5 - 6 home delivered meal clients with great need and high points that have a spouse who is also receiving a home delivered meal. The spouses have less need with points of 100 or less. Can they terminate the less needy spouse and keep the more needy spouse? Or should they keep both spouses and terminate another client that may be more needy?

I have included information from Joseph (Joe) Carlin, MS, RD, FADA, Regional Nutritionist, and our liaison, from Administration on Aging.

**First Response from Joe Carlin (Excerpts):** There is no one best solution for the situation you described. The options you described are all possible solutions. When people are in need and there is not enough funding to go around, all suffer. If I understand the situation correctly, my advice would be to take a long-term view and continue to serve the existing clients and establish a waiting list. Is there a waiting list now? (There is a waiting list)

**Second Response from Joe Carlin (Excerpts):**

Since there already is a waiting list, the program is faced with a dilemma, cut spouses who receive HDMs (who under normal conditions would not necessarily be eligible for meals) or continue to serve them and let the waiting list grow, thereby not serve people who may have a pressing need. Either decision would be legitimate but only those close to the situation are in a position to make a decision.

If the decision is made to drop the spouses it should be done carefully, including a letter explaining why, asking for their support and offering the hope that once this crisis is over the program can once again serve them. If this path is taken, the spouses should be given adequate notice. The object is to have all involved in the HDMs program aware of what is being done and why.

**Carol Driskill's Response:** At the local level, you need to do what you feel will best serve the needs of the homebound seniors in your programs. I'm pleased that you are already using a point priority system and having a committee review home delivered meals clients. You may wish to review eligibility more often to see if any homebound seniors no longer need meals. I would also recommend that you look at the level of support that is available to the senior - can someone else provide meals, is there another family member or caregiver available who can help with meals, etc.

If you wish to discontinue spouses who are eligible and receiving home delivered meals because their points are lower than other homebound seniors that is permissible. Otherwise, you would be denying a meal to someone who has a greater need than the eligible spouse.

**Spouse of Home Delivered Nutrition Client**

**Issue/Question:** A home delivered meal can be provided to the spouse of the homebound and eligible older person (and be counted as an eligible meal for NSIP purposes). However, is the AAA obligated to provide a home delivered meal to the spouse if the spouse doesn't meet the homebound criteria? Wording states that the AAA has the option of providing a meal to certain populations. Does the same option pertain to the spouse for home delivered meals? Since we have a waiting list, we are looking closely at eligibility requirements during initial assessments and reassessments.

Technical Assistance:  
Waiting Lists, Spouses, Eligibility, HDM Services  
July 12, 2005  
Page 5 of 5

**Response from Joseph (Joe) Carlin, MS, RD, FADA, Regional Nutritionist, and our liaison, from Administration on Aging:** Subpart 3, Sec. 339. (2) (I) reads, ensure that the project "ensures that nutrition services will be available to older individuals and to their spouses..."

Prior to the 2000 amendments the OAA also stated that that "home delivered meals to older individuals" will be "based upon a determination of need made by the recipient of a grant...." Sec. 307(a) (12) (B). This phrase is missing from the new amendments.

Congress recognized that some housebound older people were caregivers for underage children with disabilities so an assurance was included that permits nutrition projects the option of serving this population. Sec. 339 (2) (H).

There is no language in the OAA that specifically answers your question. But, I think the local service provider may want to think very carefully about denying services to the spouse. Maybe that spouse can't cook, having no skills to prepare his/her own meals. Also, a judgment has to be made as to how many clients we are talking about, and a host of other variables. One of the reasons the persons with disabilities issue was included in the OAA was to minimize these very personal and ambiguous situations that could escalate into disputes. I wish I could be more definite on these less than clear situations.